



State of Utah

ATTENTION: Medical Records Department

Re: _____
SSN: _____
BD: _____

The above named individual has filed a claim for Medicaid disability, alleging disability due to:

Please submit copies from your records for the period(s) shown below. Include the specific information indicated below, as well as any other pertinent test results and examination findings.

Dates of treatment:

Outpatient: _____ Inpatient: _____

Reports/Test Results Needed:

- A. History and Physical
- B. Discharge Summary
- C. Lab Reports
- D. X-Ray Reports
- E. EKG and Stress/Exercise Test results and tracings
- F. Pulmonary Function Study results and spirometry
- G. Pathology and Operative reports
- H. Consultative evaluation reports, including Psychiatric and Psychological evaluations
- I. Physical Therapy and/or Rehabilitation reports

Thank you for your assistance.

Name:

Address/Office:

Phone: